Introduction

Although all facilities have a detailed guideline to follow for prevention of decubitus ulcers, many patients still suffer from them. Evidence demonstrates that hospital staff is not following guidelines to prevent decubitus ulcers, whether it be due to staff shortage, patient load, or inattention.

There are different causes for pressure ulcers, including shearing, friction, and interface pressures. Shearing can harm the skin by two forces moving in opposite directions, causing an occlusion of blood flow to the particular area of skin affected. Friction is caused by a patient moving over a surface that is still, this can cause blistering on the surface of the skin leading to a secondary infection. Lastly, interface pressures are caused by a patient lying in one position too long. The pressure points, mostly over bony prominences, pressed up against the mattress or chair will lead to decreased blood flow to the capillaries in the affected area, causing ischemia or death.

Evidence shows that decubitus ulcers can be prevented in many different ways. One important prevention method is assessment of the patient, including a risk assessment. Staff should visually look over their patient and ensure that the patient does not have any erythematous areas on common pressure points (heels, coccyx, and other bony prominences). The risk assessment is a thorough examination that includes inspection of the patients' mobility capabilities or limitations, perfusion, oxygenation, nutritional status, increased skin moisture (incontinence), age, body temperature and general health status, as all of these factors play into the patient’s overall risk. Health care staff should also be using evidence-based devices and techniques to reduce the risk of a patient developing decubitus ulcers.

Decubitus ulcers not only cost hospitals billions of dollars yearly, they cause the patients intense pain and may also be intact, but have blisters that are serum filled. The risk for developing decubitus ulcers. Patients can be educated on the following activities to ultimately help themselves if they are able:

- Early ambulation to promote blood flow throughout their body
- Moving themselves around in the bed at least every two hours to prevent pressure points
- Using moisturizer on their skin
- Keeping the head of the bed below 30 degrees (if medical condition allows)
- Drinking the appropriate amount of fluids
- Immediately calling for assistance after an episode of incontinence to prevent prolonged periods of moisture

Preventative Methods

- Use skin moisturizer to hydrate skin
- Move patient in bed with a draw sheet
- Keep your patient mobile
- Keep your patient hydrated

Survey Proposal

In order to evaluate the different methods of decubitus ulcer prevention, a meta-analysis of various peer-reviewed articles and hospital protocols were utilized. The analysis allowed a broad-spectrum of prevention methods, ulcer classification, and the appropriate treatments to be identified. The decubitus prevention protocols, provided by a local hospital, were able to show the overall guidelines that patient care technicians and nurses should be following for all patients. It went even further into detail for specific patient populations and the specific devices and medications that should be used for each. In order to analyze how strictly nurses and patient care technicians are following these guidelines, a survey could be conducted. This survey could be utilized at local hospitals with questions about decubitus ulcer prevention followed by a likert scale. The nurses and patient care technicians could circle how strictly they disagreed or agreed with the completion of protocols. This should be submitted anonymously to ensure honesty among participants.

Protocols

Inattention.

Objective

- Decrease occurrence of decubitus ulcers
- Educate hospital staff on how to prevent decubitus ulcers
- Improve patient outcomes and understanding of wounds

Teaching Recommendations

Patients

A nurse should educate every patient on the prevention methods, especially the patients who are considered high risk for developing decubitus ulcers. Patients can be educated on the following activities to ultimately help themselves if they are able:

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Hospital Staff

All hospital staff members that are directly involved in patient care should be educated and reminded on the methods of decubitus ulcer prevention. They should know every activity that should be taught to the patients as well, especially when patients are unable to reposition, moisturize, etc on their own. Staff members should be well educated on the following interventions for their patients:

- Advocate for special pressure reducing mattresses
- Apply foam dressings to any bony prominences (elbows, heels, etc)
- After an episode of incontinence, barrier ointment should be applied
- Use draw sheets or the overhead trapeze to lift patients up in bed
- Identify any swallowing or feeding issues and advocate when needed for interventions to ensure the appropriate amount of nutrition
- Place appropriate air cushions in patients' chairs

References available upon request